

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030497

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7988

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 15 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 5 mos.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home		d. STREET ADDRESS (If outside, give location) 1038 Sanford Ave.	
3. NAME OF DECEASED (Type or print) First ANNA Middle MAUDE Last SCRIPTER		4. DATE OF DEATH Month August Day 5 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7, 1877
9. AGE (last birthday) 85		10. IF UNDER 1 YEAR Months 9 Days 28 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Fort Wayne, Indiana		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Adnirom Judson Ashley		13b. MOTHER'S MAIDEN NAME Frances N. McLaren	
14. NAME OF HUSBAND OR WIFE Willard Edgar Scripter		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or date) No	
16. SOCIAL SECURITY NO. 3421		17. INFORMANT Miss Lois Scripter	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) 260x		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cellulitis, Rheumatoid arthritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from 1957 to August 5, 1963 and last saw her alive on August 3, 1963 Death occurred at 3⁰⁰ P on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) Calvin S. Slesman M.D.		22b. ADDRESS 52 Maryland Plaza St. Louis, Mo.	
22c. DATE SIGNED 8/5/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Aug. 8, 1963		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
23d. LOCATION (City, town, or county) Herington, Kansas		23e. DATE RECD. BY LOCAL REG. AUG 6 1963	
24. FUNERAL DIRECTOR Ambruster Mortuary 6633 Clayton Road		25. REGISTRAR'S SIGNATURE Earl Smith M.D.	

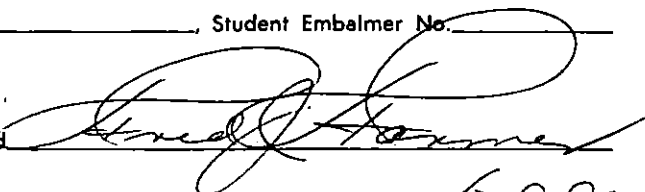
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4788

P. O. Address St Louis 17 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.